## **APPLICATION DATA SHEET**

## **Application Information**

Application Number:: Not Yet Assigned

Filing Date:: September 17, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: NONE

Number of CD Disks:: NONE

Number of Copies of CDs:: NONE

Sequence Submission?:: No

Computer Readable Form No

(CFR)?::

Number of Copies of CFR:: 0

Title:: ENVIRONMENTS THAT MAINTAIN FUNCTION OF

PRIMARY LIVER CELLS

Attorney Docket Number:: 7767-187600

Request for Early Publication?:: No

Request for Non-Publication?:: No

**Suggested Drawing Figure:** 

Total Drawing Sheets:: 3

Small Entity?:: No

Latin Name::

**Variety Denomination Name::** 

Petition Included?:: No

**Petition Type::** 

Licensed US Govt. Agency::
Contract or Grant Numb rs::

Secrecy Order in Parent Appl.::

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship:: U.S.A.

Country:: United States

Status:: Full Capacity

Given Name:: Richard

Middle Name:: David

Family Name:: GUARINO

Name Suffix::

City of Residence:: Holly Springs

State or Province of Residence:: North Carolina

Country of Residence:: US

Street of Mailing Address:: 509 Sturminster Drive

City of Mailing Address:: Holly Springs

State or Province of Mailing

Address::

North Carolina

Country of Mailing Address:: US

Postal or Zip Code of Mailing 25740

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: U.S.A.

Country:: United States

Status:: Full Capacity

Given Name:: Sharon

Middle Name:: Collins

Family Name:: PRESNELL

Name Suffix::

City of Residence:: Raleigh

State or Province of Residence:: North Carolina

Country of Residence:: U.S.A.

Street of Mailing Address:: 11709 Old Creedmoor Road

City of Mailing Address:: Raleigh

State or Province of Mailing North Carolina

Address::

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing 27613

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: German

Country:: Germany

Status:: Full Capacity

Given Name:: Andrea

Middle Name:: Liebman

Family Name:: VINSON

Name Suffix::

City of Residence:: Willow Springs

State or Province of Residence:: North Carolina

Country of Residence:: U.S.A.

**Street of Mailing Address::** 611 November Ct.

City of Mailing Address:: Willow Springs

State or Province of Mailing

Address::

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: U.S.A.

Country:: United States

Status:: Full Capacity

Given Name:: John

Middle Name:: Jacob

North Carolina

27592

Family Name:: HEMPERLY

Name Suffix::

City of Residence:: Cary

State or Province of Residence:: North Carolina

Country of Residence:: U.S.A.

Street of Mailing Address:: 602 Pinewood Dr.

City of Mailing Address:: Cary

State or Province of Mailing North Carolina

Address::

**Country of Mailing Address::** U.S.A.

Postal or Zip Code of Mailing 27502

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: U.S.A.

Country:: United States

Status:: Full Capacity

Given Name:: Mohammad

Middle Name:: A.

Family Name:: HEIDARAN

Name Suffix::

City of Residence:: Cary

State or Province of Residence:: North Carolina

Country of Residence:: US

Street of Mailing Address:: 207 Painted Fall Way

City of Mailing Address:: Cary

Oity of maining Address.. Oary

State or Province of Mailing

Address::

Country of Mailing Address:: US

Postal or Zip Code of Mailing 27513

Address::

North Carolina

Correspondence	Information				
Correspondence Customer Number:: Phone Number:: Fax Number::		32330			
		(202) 962-4800			
		(202) 962-8300			
	<u>a</u>	ashobbs@venable.com			
E-Mail Address::		kblepping@venable.com			
Representative I	nformation				
Representative Customer Number::		32330			
Domestic Priority Information: NONE					
Application:: Continuity		Appl	nt lication::	Parent Filing Date::	
	Continuation	of			
	Continuation	of			
	Continuation	of			
	Continuation of				
Foreign Priority Information: NONE					
Country::	Application Number::	Filin	g Date::	Priority Claimed::	
	***				

## **Assignee Information**

Assignee Name::

Becton, Dickinson and Company

**Street of Mailing Address::** 

1 Becton Drive

City of Mailing Address::

Franklin Lakes

State or Province of Mailing

Address::

**Country of Mailing Address::** 

Postal or Zip Code of Mailing Address::

New Jersey

**United States** 

07417-1880